the cardiology wards with unstable angina and myocardial infarction and underwent angioplasty procedure, were randomized into control group where, standard care is provided and Intervention group where, Pharmaceutical care was provided with tailor made counseling about diseases, drugs, diet and lifestyle modifications. Quality of Life assessment was done with EQ 5D 5L and MacNew Questionnaires by interview method at 3 months, 6 months, 9 months and at 12 months. **RESULTS:** 213 participants were randomized into control group (n= 105) and intervention group (n=108). Socio-demographic characteristics at baseline are similar between two groups. At baseline, Global Scores of MacNew questionnaire of both the groups have similar scores (3.03 ± 1.29 & 2.89 ±1.12). At 12 months, scores of 2.32 ±0.91 and 5.47 ± 1.45 were observed for control and intervention group respectively. EQ utility values at base line were 0.46 ± 0.17 and 0.47 ± 0.16. At 12 months, utility values were 0.11 ± 0.20 and 0.68 ± 0.23 observed for control and intervention group respectively. EQ Visual analog scores at base line were 59.57 ± 14.51 and 61.01 ± 13.34. At 12 months, scores of 73.38 ± 5.19 and 85.13 ± 4.62 was observed for control and interventional groups respectively. Domains of the both questionnaire are evaluated and there was a significant change in the intervention group specifically, physical, emotional and social domains. Quality adjusted life years were 0.7114 and 0.8582 for control and intervention groups respectively. **CONCLUSIONS:** Pharmaceutical care significantly improves the quality of life of the patients who underwent angioplasty procedure.

PCV50
HIGH BMI AND BELLY FAT CORRELATE WITH PREVALENCE OF HYPERTENSION AND DIABETES: A CROSS SECTIONAL STUDY IN SEDENTARY URBAN POPULATION OF DELHI

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OBJECTIVES: Obesity is reported to be underlying cause of metabolic syndrome and associated with hypertension and diabetes .A BMI (body mass index) of more than 30 places individuals in obese category. Majority of urban Indian population is categorized being overweight (BMI greater than 25). A sedentary lifestyle and lack of exercise in Indian cities causes belly fat accumulation which is reported to be a risk factor for metabolic diseases. **METHODS:** In this study, we have categorized middle class Indian population (test subjects >500) residing in metropolitan Delhi area into different age groups (11-20, 21-30, 31-40, 41-50, 51-60 and 60 and above) and recorded BMI and degree of belly fat present (no excess belly fat, small, medium and high). Our data shows that age groups 11-20 and 21-30 show normal BMI and lower cases of accumulated belly fat whereas there is a significant increase (50%) in BMI and presence of belly fat in age group 31-40 and above. We also recorded presence of obesity related metabolic disorders such as diabetes and hypertension in the above mentioned age groups. **RESULTS:** Test subjects in all age groups with BMI >25 (over-weight and obese) recorded presence of related disorders (39.40% in over-weight and 67.34% in obese classes). Most prevalent diseases with higher BMI were hypertension, diabetes, and joint pain in decreasing order. **CONCLUSIONS:** The sudden increase in obesity related factors is a matter of concern in the age group of 30 and above. We conclude that decrease in physical activity and sedentary lifestyle is the cause of belly fat accumulation and onset of obesity which results in metabolic diseases such as hypertension and diabetes. This information is most relevant for social awareness about obesity in middle class Indian population and through this study, it has been possible to alert the test subjects about risk of associated disorders.

PCV51
MENTAL COMPONENT OF THE QUALITY OF LIFE INCREASED ACCORDING TO THE LEVEL OF OBESITY

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OBJECTIVES: Obesity was said to be one of the important risks for mortality. Inconsistent findings have been reported in the association between obesity and quality of life. The study provides a finding in the question using a cross-sectional survey conducted in China. **METHODS:** A total of 1,281 hypertensive residents in China aged 35 years or older were included in the analysis. The short-form 36 (SF-36) was used to measure the quality of life. It consisted of physical and mental domains. The highest score was 100 and 0 for the lowest in each domain. Level of obesity was classified using body mass index (BMI), namely, lean (<18.5), normal (18.5-24), overweight (24-28), obese (over 28) according to the Chinese classification. Means of physical and mental domains were calculated for the degree of obesity, adjusted for age, gender, marital status, education level, and exercise habits. Difference in quality of life among the levels of obesity was tested by the analysis of variance. **RESULTS:** There were lean (n=34), normal (n=531), overweight (n=521), obese (195) subjects with hypertension. Men occupied 53% and 37% for aged 60 years or older. Significant risk factors lowering the quality of life were women, elderly, low education and exercise. Adjusted mean (±standard error) of physical domain was 64±3.3 (lean), 70±1.2 (normal), 71±1.2 (overweight), 71 ±1.6 (obese), where the p-value was 0.17. Whereas, the adjusted mean of mental domain was 69±3.3 (lean), 72±1.1 (normal), 76±1.2 (overweight), 76±1.6 (obese), where the p-value was 0.018. **CONCLUSIONS:** A significant increase in the mental component of quality of life was found according to the level of obesity; however no trend was observed in the physical component.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV52
TREATMENT AND MONITORING OF VENOUS THROMBOEMBOLISM (VTE) AMONG HOSPITALIZED PATIENTS IN CHINA

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OBJECTIVES: Despite increasing prevalence of venous thromboembolism (VTE) in China, real-world use of anticoagulants in clinical practice is not well understood. This study aims to assess treatment pattern and anticoagulant monitoring among hospitalized VTE patients in China. **METHODS:** Hospitalizations with a diagnosis of VTE (including deep vein thrombosis (DVT) or pulmonary embolism (PE)) between January 1st, 2010 and June 30th, 2013 were identified from a large electronic medical record database containing 100% inpatient records from two tertiary hospitals in two major cities. Analyses were performed to describe anticoagulant treatment among all VTE-related hospitalizations and international normalized ratio (INR) monitoring among hospitalizations where warfarin was used. Multivariate regressions were performed to assess factors associated with oral anticoagulant use, including type of VTE, patient demographics, comorbidities, insurance status, VTE diagnosis type, admission condition, ordering department, and surgical procedure. **RESULTS:** Among a total of 1,047 VTE-related hospitalizations, mean age at hospitalization was 62.4 years, 54.1% of hospitalizations occurred to men, and 77.1% were DVT-related hospitalizations. About 46.3% hospitalizations used heparin only, 35.0% used warfarin (with or without heparin), 0.8% used rivaroxaban, and 18.0% did not use any anticoagulant. Among hospitalizations where warfarin was used, 90.8% received at least one INR test before discharge; among hospitalizations with INR results available, 30.0% had the last INR during hospitalization within target therapeutic range (2 to 3). Diagnosis of PE (vs. DVT), female, cardiovascular as ordering department, having surgical procedures, comorbidity of chronic pulmonary disorder, and VTE as primary diagnosis were significantly associated with higher oral anticoagulant use (all $P < 0.05$). **CONCLUSIONS:** In China, use of innovative oral anticoagulants is limited among hospitalized VTE patients. Under-monitoring and suboptimal care may be an issue for hospitalized patients treated with warfarin. These findings reveal gaps in clinical practice and unmet needs among hospitalized patients with VTE in China.

PCV53
DRUG UTILIZATION RESEARCH IN GERIATRIC PATIENTS WITH CHRONIC ISCHEMIC HEART DISEASE

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OBJECTIVES: Study potentially inappropriate drug use of geriatrics and medications, which were used for the 65 years and older in-patients, with chronic ischemic heart disease, of some tertiary level hospitals. **METHODS:** The retrospective study involved 65 and over aged 438 in-patients randomly collected records, who were treated at I, II and III state hospitals, in 2010-2012, with Chronic ischemic heart disease/CIHD/. **RESULTS:** The 2nd and 3rd hospitals commonly use aspirin as an anti-platelet agent whereas the 1st state hospital uses dipyridamole, clopidogrel with aspirin. To improve coronary circulation and decrease the heart pain the 2nd (55%) and 3rd (64%) state hospitals use nitrates, but the 1st state hospital had no evidence of using this group medication for the patients with CIHD. 1st state hospital regularly uses beta-blockers (61%) for decreasing cardiac oxygen demand and improves heart microcirculation. The angiotensin converting enzyme and diuretic group medications were more used in 1st and 3rd state hospitals. 1365 medications were used (n=149) and 331 (24.2%) of them was potentially inappropriate medications and related to the 1st group of Beers criteria. In the 2nd state hospital:1007 medications: 204 (20%) - potentially inappropriate medications and 194 (19%)- 1st group drugs of Beers criteria; the 3rd state hospital - 1162 medications:151 (13%) – potentially inappropriate medications. **CONCLUSIONS:** The 30.1%-48.5% of the total medications, prescribed for CIHD, in the tertiary hospitals, were agreed with CIHD therapeutic and diagnosis guidelines. 50% of the total medications used for CIHD, were accompanied diagnoses and other drugs.

PCV54
LIPID CONTROL AFTER PERCUTANEOUS CORONARY INTERVENTION (PCI) IN CHINA

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OBJECTIVES: Lipid control is crucial in patients undergoing percutaneous coronary intervention (PCI). Lipid guidelines recommend that all patients with coronary heart disease should have low density lipoproteins cholesterol (LDL-C) goals to be < 100 mg/dl with the ideal therapeutic option < 70 mg/dl. The primary objective of this research was to evaluate the success rate of lipid control during the six months after PCI. **METHODS:** We conducted a retrospective, observational study on all patients who underwent PCI at a large urban hospital in Shanghai, China from 5/2010 to 6/2011. Patients who had lipid measures at 30-day or 180-day follow-ups were included in the analysis. Percentages of patients that achieved LDL-C treatment goals of < 100 and < 70 were assessed, respectively. Statin use was also reported. **RESULTS:** A total of 119 patients (82.4% male) were included in this analysis. The mean age was 64 years (range 40 to 90). Overall, 69.8% of patients had angina, 63.9% hypertension, 29.4% diabetes, 22.7 % previous myocardial infarction, 16.0% hyperlipidemic pancreatitis, and 9.2% chronic kidney disease. 52.9% of patients were active smokers or previously smoked and PCI was not the first time for 10.9% of patients. After PCI, all but one patient at 30-day follow-up, and all patients at 180-day follow-up, reported use of statins. The proportion of patients meeting minimum LDL-C goal (<100) decreased slightly from 69.1% at 30-day follow-up to 67.9% at 180-day follow-up; the percentage of patients meeting ideal LDL-C goal (<70) decreased substantially from 30.9% to 23.9% among all patients, and from 43.4% to 32.1% ($p<0.05$) among male aged 60 years or older. **CONCLUSIONS:** Despite statin treatment, at least 30% of patients were not at the recommended LDL-C goal of <100 mg/dl six months post PCI and only one quarter of these high risk patients were at the optimal goal of < 70 mg/dl.